

Comparison Form

10 STANDARDIZED MEDIGAP (MEDICARE SUPPLEMENT) PLANS

BASIC (CORE) BENEFITS	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	PLAN G	PLAN H	PLAN I	PLAN J
Part A Hospital (Days 61-90); Lifetime Reserve Days (Days 91-150); 365 Lifetime Hosp. Days at 100%; Parts A & B Blood Deductible; Part B 20% Coinsurance	X	X	X	X	X	X	X	X	X	X
ADDITIONAL BENEFITS	A	B	C	D	E	F	G	H	I	J
Skilled Nursing Coinsur.			X	X	X	X	X	X	X	X
Part A Deductible		X	X	X	X	X	X	X	X	X
Part B Deductible			X			X				X
Part B Excess Charges						100%	80%		100%	100%
Foreign Travel Emergency			X	X	X	X	X	X	X	X
At-Home Recovery				X			X		X	X
Prescription Drugs								X	X	X
Preventive Medical Care					X					X

(NOTE: Two “high-deductible” Medigap policies may be offered with the same benefits as Plans F and J.)

Medicare supplements (commonly called Medigap policies) are health insurance policies that provide a way to fill the coverage gaps left by Medicare.

There are 10 standardized Medigap plans (Plan A through Plan J). Medigap insurance is always sold as one of these plans. (Prior to 1992, when federal regulations set uniform standards for them, there was no standardization among these plans.)

While Plans A through J differ *from one another*, each Plan conforms to federal standards for that particular Plan. In other words, all Plan Bs meet the same standards; all Plan Gs conform to standards. No matter which company you buy Plan E from, it will cover all of the same things that any other company’s Plan E does. No company offers a “better” or different Plan E.

Therefore, when selling these plans, insurance companies compete based on premiums, service, company reliability, and issues such as waiting periods for pre-existing conditions or guaranteed issue after open enrollment. →

Plan A is the most basic policy and offers “**basic benefits**” or “**core benefits**.” These include the daily coinsurance you would normally pay for days 61-90 in hospital, the daily coinsurance you would pay during lifetime reserve days 91-150, and the 20 percent that you would pay for services if you relied solely on Medicare.

The basic/core benefits also cover 100% of hospital costs for an additional 365 days, once in a lifetime, *after* Medicare benefits are exhausted.

Each of the nine plans B - J includes all of the basic/core benefits offered in Plan A, as described above, *plus* varying levels of additional coverage. Each plan addresses a different set of Medicare “gaps,” adding benefits such as coverage for medical emergencies in a foreign country, prescription drugs, or preventive medical care. You can choose the best policy for you based on your health, lifestyle and other factors.

Following are standardized definitions of terms or benefits specifically found in Medigap policies.

Excess charges: The difference between the amount Medicare approves and the maximum any physician may legally charge (limiting charge).

Foreign travel emergency: This benefit covers medically necessary *emergency* care received in a foreign country at *80 percent of the billed charge* for Medicare-eligible emergency hospital, doctor and medical care costs. This care must be of the kind that would have been covered in the U.S. by Medicare and must begin *during the first 60 days* of each trip outside the U.S. This is subject to \$250 deductible and a lifetime maximum of \$50,000.

At-home recovery: This benefit extends the Medicare benefit to provide coverage for short-term, at-home assistance with activities of daily living for those recovering from illness, injury or surgery. It pays up to \$40 a day or \$1,600 annually, *but only after at least one visit is paid by Medicare. To qualify, you must first be eligible for Medicare home care.*

Basic drug benefit: Coverage for *50 percent* of outpatient prescription drug charges after a *\$250 calendar year deductible*, to a *maximum of \$1,250 annual benefits*, to the extent not covered by Medicare.

Extended drug benefit: Coverage for *50 percent* of outpatient prescription drug charges after a *\$250 calendar year deductible*, to a *maximum of \$3,000 annual benefits*, to the extent not covered by Medicare.

Preventive care benefit: This coverage pays *up to \$120 annually* for a routine or preventive physical exam or care that is not already covered by Medicare.

For more info **1-800-397-4422**
or referral to your nearest **TDD: 1-360-664-3154**
local SHIBA HelpLine unit **www.insurance.wa.gov**